Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-09-10</u>	Address:	3175 W US Hwy 40
Case #:	96-04742		West Terre Haute, IN
County:	Vigo		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: Wooded Area
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Wooded Area			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Wooded Area			
Hydroc	hloric Acid Gas Generator(s):		
Corrosi	ve Acid:		
Corrosi	ve Base:		
Other (i	tem and location):		
Yes _	er age 18 discovered (check one) (number present)	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log
No No	eport to Child Protective Services	=	erchant Tip w Enforcement
This report is to be faxed to the following agencies that serve the location:			
	* ***	***	ocation.
Fire Department: W Terre Haute VFD		Fax: <u>N/A</u> Fax: <u>(812)</u>	234-1010
Health Department: Vigo County		Fax:	
Child Prote	ection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J.D. Goldner / 5228 Phone (812)299-1153			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.